

Certificate of Mailing

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Box AF, Commissioner for Patents, Washington, D.C. 20231 on October 17, 2002.

By:

Printed: Katherine Stofer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In re Application of: Hillman et al.

Title: A NOVEL PROSTATE-ASSOCIATED KALLIKREIN

Serial No.: 09/170,980

Filing Date: October 13, 1998

Examiner: Davis, Minh-Tam

Group Art Unit: 1642

Box AF

Commissioner for Patents

Washington, D.C. 20231

NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES

Sir:

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision dated July 17, 2002, of the Examiner's rejection of Claim(s) 1, 18-20, 25 and 26.

Please charge the Appeal fee of \$320.00 required under 37 CFR 1.17(b) to Deposit Account No. **09-0108**. The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayments to Deposit Account No. **09-0108**.

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: 17, October 2002

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Docket No.: PF-0195-1 DIV

Response Under 37 C.F.R. 1.116 - Expedited Procedure

Examining Group 1642

AF/1642  
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BOX AF

Commissioner for Patents

Washington, D.C. 20231

## TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
  2. Response to Final Office Action (15 pp.);
  3. Exhibits A-J;
  4. Notice of Appeal (1 pg.); and
  5. Certificate of Revocation of Power of Attorney and Appointment of New Attorneys (2 pp.).
- The fee has been calculated as shown below.

Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total	12	-	20	=	0	x\$18.00		\$ 0
Indept.	1	-	3	=	0	x\$84.00		\$ 0
First Presentation of Multiple Dependent Claims:						+280.00		\$ 0
Total Fee:								\$ 0

X Fee for Filing Notice of Appeal Under 37 CFR - 1.17(b) \$ 320.00X Please charge Deposit Account No. 09-0108 in the amount of : \$ 320.00

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: 17, October 2002[Signature]  
Shirley A. Recipon

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